



## State of Idaho Department of Environmental Quality

### OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR WASTEWATER GRANTS

Name of Grantee		Wastewater Grant Number		
Address		Telephone Number		
City	State	Zip Code		
Type of Request      Final      Partial		Partial Payment Request Number		
Period Covered by this Request From (Month, Day, Year):                      To (Month, Day, Year):				
Address where payment should be sent if different from above:				
Address	City	State	Zip Code	
<b>Status of Funds</b>				
<b>Classification</b>	<b>Multiple Contracts</b>			
	Estimated Cost	Previous Period	This Period	Total
a. Administrative Expenses				
b. Land, structures, right of way				
c. Architectural/engineering basic fees				
d. Project inspection fees				
e. Construction and project improvement cost				
f. Miscellaneous costs				
<b>Total cumulative to date (add lines a through f).</b>				
g. State share to date				
h. State payments previously requested				
i. Amount requested for reimbursement				
j. Percentage of physical completion of project				
<b>CERTIFICATION.</b> I certify that to the best of my knowledge and belief, the billed costs of disbursement are in accordance with the terms of the project and that the reimbursement represents the state share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.				
Signature of Certifying Grantee Official		Print name, title, phone number		
Signature of Certifying Consultant Official		Print name, title, phone number		
Date Submitted:				